Survivorship - Non-Small Cell Lung Cancer (NSCLC)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

**ELIGIBILITY**
Non-small cell lung cancer 3 years post-treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

- Category 1
  - Years 3 and up:
    - History and physical annually
    - CT chest/lung surveillance low-dose annually

- Category 2
  - Years 3 to 5:
    - History and physical annually
    - CT chest with or without contrast every 6 months
  - Years 6 and up:
    - History and physical annually
    - CT chest/lung surveillance low-dose annually

**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

**RISK REDUCTION/EARLY DETECTION**

**PSYCHOSOCIAL FUNCTIONING**

- Assess for:
  - Fatigue
  - Pulmonary status
  - Cardiovascular screening
  - Neuropathy

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management and Hepatitis C Virus (HCV) Screening algorithms)
  - Limit alcohol consumption
  - Vaccinations as appropriate
  - Routine sun protection

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Depression
  - Financial stressors
  - Social support
  - Access to primary health care

**DISPOSITION**

Positive findings?

- Yes:
  - Return to primary treating physician

- No:
  - Continue survivorship monitoring

Refer or consult as indicated

---

1 Category 1 = Stage I-II (primary treatment includes surgery with or without chemotherapy)
2 Category 2 = Stage I-II treated with radiation or Stage III-IV
3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
4 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
5 Includes breast, cervical (if appropriate), colorectal, liver, pancreatic, prostate, and skin cancer screening
6 Based on Centers for Disease Control and Prevention (CDC) guidelines

Copyright 2023 The University of Texas MD Anderson Cancer Center

Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 03/21/2023
SUGGESTED READINGS


Continued on next page
SUGGESTED READINGs


This survivorship algorithm is based on majority expert opinion of the Thoracic Cancer Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

**Core Development Team Leads**
Ara Vaporciyan, MD (Thoracic & Cardiovascular Surgery)

**Workgroup Members**
Joe Chang, MD, MS, PhD (Thoracic Radiation Oncology)
Olga N. Fleckenstein, BS♦
Danielle Fournier, MSN, RN, APRN, AGPCNP-BC (Thoracic & Cardiovascular Surgery)
Katherine Gilmore, MPH, BA (Cancer Prevention)
John Heymach, MD, PhD (Thoracic/Head & Neck Medical Oncology)
Susan Knippel, DNP, APRN, FNP-C (Thoracic & Cardiovascular Surgery)
Hannah Warr, MSN, RN, CPHon♦

♦ Clinical Effectiveness Development Team